

Application Data Sheet**Application Information**

Application number:: National Phase of
PCT/EP2004/007599

Filing Date:: January 9, 2006

Application Type:: Regular

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form
(CRF)?::

Number of copies of CRF::

Title:: RESPIRATORY MASK
ARRANGEMENT AS WELL AS
HEADBAND ARRANGEMENT
AND RESPIRATORY GAS
EVACUATION DEVICE FOR A
RESPIRATORY MASK

Attorney Docket Number:: 4750-34

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 4

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Stefan
Middle Name::	R.
Family Name::	MADAUS
Name Suffix::	
City of Residence::	Krailling
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Bergstrasse 25
City of mailing address::	Krailling
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	82152
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Caspar
Middle Name::	Graff
Family Name::	STAUFFENBERG
Name Suffix::	
City of Residence::	Gauting
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Junkersstrasse 9
City of mailing address::	Gauting
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	82131

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Harald
Middle Name::	
Family Name::	VOGELE
Name Suffix::	
City of Residence::	Gauting
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Waldpromenade 45b
City of mailing address::	Gauting
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	82131

Correspondence Information

Correspondence Customer Number::	23117
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Representative Information

Representative Customer Number::	23117
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/007599	9/July/2004

Foreign Priority Information

Country::	Application Number::	Filing Date:: DAY/MONTH/YEAR	Priority Claimed::
Germany	103 31 134.3	9/July/2003	Yes
Germany	103 35 162.0	30/July/2003	Yes
	PCT/EP2004/007599	09/July/2004	Yes

Assignee Information

Assignee Name::	MAP Medizin-Technologie GmbH
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City of mailing address:	Martinsried
State or Province of mailing address::	
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Postal or Zip Code of mailing Address::	82152